

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD INFORMATION FOR COMPLETING AUDIOLOGY APPLICATION

LICENSURE BY EXAMINATION:

1. **Application (Form #1986)** Please complete the application (**Form #1986**) and enclose the following as indicated along with license fee(s).
2. **Certificate of Professional Education** Have your school submit (**Form #1985**) to certify completion of required education.
3. **Other** Include explanations, if required, for answers to questions on the application (**Form #533**).

INSTRUCTIONS FOR TEMPORARY PERMIT:

An applicant who meets all requirements for examination may be granted a temporary permit to practice Audiology for a period of one (1) year. You must have taken and passed the practical examination prior to the expiration of your permit.

This permit allows you to gain experience prior to taking the practical examination. Applicants must apply under the supervision of a licensed Wisconsin Audiologist who is **not** supervising another trainee.

Applicants for a Temporary Permit shall provide the Board with the following:

1. **Completed Application (Form #1986)** and Temporary Trainee Permit fee.
2. **Examination Fee**
3. **Request for Temporary Trainee Permit (Form #1980)** (completed by applicant)

DEADLINE DATES: (for examination and reciprocity applicants)

Applications and all supporting documents must be complete and on file in the board office 30 days prior to the date of examination and Board meeting.

EXAMINATION AND BOARD MEETING DATES:

Examinations and Board meetings dates can be found on our website using the following link: <http://dsps.wi.gov/Boards-Councils/Agendas/Hearing-and-Speech-Examining-Board-Meeting-Dates>.

LICENSURE BY RECIPROCITY:

Applicants who hold a valid license to deal in or fit hearing aids in the **State of Texas or the State of North Dakota** may apply for a Wisconsin license by reciprocity.

1. **Application (Form #1986)** Please complete the application (**Form #1986**) and enclose the following as indicated along with license fee(s).
2. **Education** Submit verification of high school education or equivalent. This may consist of a copy of a high school diploma, a transcript, or a letter from high school, or similar documentation of an advanced degree.
3. **Other** Include explanations, if required, for answers to questions on the application (**Form #533**).
4. **Verification of licensure in Other States** You are required to have each state board in which you have ever been licensed submit letters of verification to the Wisconsin Hearing and Speech Examining Board. The letters must indicate your date of birth, license number, date of issuance, a statement regarding disciplinary actions, and whether license was issued by examination in that state. These letters will be required in order to complete your application for licensure.
5. **Appearance before the Board** Upon completion of applications, applicants are required to appear before the Hearing and Speech Examining Board. You will receive notification of the date, time, and location approximately 10 days prior the next scheduled Board meeting.

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APPLICATION FOR LICENSURE TO PRACTICE AUDIOLOGY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Hearing Instrument Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
Email Address <input type="text"/>			
School Name <input type="text"/>		School Address (street, city, state) <input type="text"/>	
Date Degree Granted <input type="text"/> / <input type="text"/> / <input type="text"/>		Degree <input type="text"/>	Specialty <input type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **Earmold and Audiometric Examination Applicants**
\$266.00 Practical Exam Fee
\$ 75.00 Initial Credential Fee
\$341.00 Total Fee Attached
- ☐ **Request for a Temporary License** (for exam applicants only)
\$ 10.00 (is required in addition to the above fee and is non-refundable)
- ☐ **Equivalency Applicants** (submit information for review)
\$75.00 Initial Credential Fee
\$75.00 Total Fee Attached
- ☐ **Licensure by Reciprocity Applicants** (candidates must be credentialed as an Audiologist in North Dakota or Texas)
\$170.00 Reciprocal Fee
\$170.00 Total Fee Attached

For Receipting Use Only (156)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #1986**) and appropriate fee
- Verification of certification from the American Speech-Language Hearing Association (**Form #1977**)
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

PRACTICE: Account for all activities and practice starting from the date of graduation to the present time. **Must include professional and non-professional activities.** All time and dates must be accounted for. (Attach additional sheets, if necessary.)

Employer Institution/Activity	Location of Employment (City/State)	Dates Employed (Month/Year)	# Hours per week	The Capacity in Which You Are/Were Employed (Job Title and Duties)
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

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TEMPORARY PERMITS: (please check one)

☐ I plan to take the next National Certifying Examination on: / / .

☐ I have taken and am awaiting the results of the National Certifying Examination.

☐ I have taken and passed the National Certifying Examination.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Hearing and Speech Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination or PRAXIS Examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have your hospital privileges ever been limited or removed? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /